

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/582321	FILING DATE			
CLAIMS						*		*		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1				51			
2		1		1			52			
3		2		1			53			
4		1		1			54			
5		1		1			55			
6		1		1			56			
7		1		1			57			
8		1		1			58			
9		1		1			59			
10		1		1			60			
11		1		1			61			
12		1		1			62			
13		2		1			63			
14		1		1			64			
15		1		1			65			
16		1		1			66			
17		1		1			67			
18		1		1			68			
19		1		1			69			
20		1		1			70			
21		1		1			71			
22		1		1			72			
23		1		1			73			
24		1		1			74			
25		1		1			75			
26		1		1			76			
27		1		1			77			
28		1		1			78			
29		1		1			79			
30		1		1			80			
31		1		1			81			
32		1		1			82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			31				TOTAL DEP.			
TOTAL CLAIMS			32				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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